

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Freedom Partners Action Fund, Inc.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00564765         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>INNOVATIVE ADVERTISING, LLC</b>			Date of Public Distribution/Dissemination		
Mailing Address 4250 HIGHWAY 22 STE. 7			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>		
City State Zip Code MANDEVILLE LA 70471			Amount 15625.48		
Purpose of Expenditure TV/MEDIA PRODUCTION			Transaction ID : SE24.82		
Category/Type			Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>		
Name of Federal Candidate JEFFREY ALAN MERKLEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
807535.48			2014		

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>		
City State Zip Code			Amount		
Purpose of Expenditure			Date of Disbursement or Obligation		
Category/Type			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div></div> </div>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	15625.48
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	15625.48

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

 MM / DD / YYYY  
09 / 19 / 2014

Signature